

# **GUARDIANSHIP**

**1**

## **Annual Report of Guardian**

(FORMS)

SELF-SERVICE CENTER

## ANNUAL REPORT OF THE GUARDIAN

### CHECKLIST

*You may use the forms and instructions in this packet if . . .*

- ✓ You have been appointed the guardian for an adult or minor; AND
- ✓ You need to file an “**Annual Report of Guardian**” as required by Arizona law **A.R.S. § 14-5315** to provide the Court with the information required about the protected person’s current condition.

**READ ME:** Consulting a lawyer before filing documents with the court may help prevent unexpected results. A list of lawyers you may hire to advise you on handling your own case or to perform specific tasks, as well as a list of court-approved mediators can be found on the Self-Service Center website.

SELF-SERVICE CENTER

# GUARDIANSHIP

## ANNUAL REPORT OF GUARDIAN

### PART 1: The Court Forms

This packet contains court forms and instructions to file annual report of guardian. Items in **BOLD** are forms that you will need to file with the Court. Non-bold items are instructions or procedures. Do not copy or file those pages!

Order	File Number	Title	# pages
1	PBGCG9k	Checklist: <i>You may use these forms if . . .</i>	1
2	PBGCG9ft	Table of Contents (this page)	1
3	PBGCG92f	<b><i>"Annual Report of Guardian"</i></b>	3

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Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_  
Licensed Fiduciary Number: \_\_\_\_\_

FOR CLERK'S USE ONLY

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of Guardianship for:

Case Number PB: \_\_\_\_\_

### ANNUAL REPORT OF GUARDIAN

\_\_\_\_\_  
Name of the Protected Person, the WARD

DUE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Date Year

**Instructions to Guardian:** Arizona law (A.R.S. §14-5209(B)(5) and §14-5315), and Arizona Rules of Probate Court Procedure Rule 30(c) requires every guardian of a protected or incapacitated adult or minor to advise the court each year regarding their Ward. Complete this report each year and file it on or before the date listed in the Order or if no date is specified, on or before the anniversary date of the "**Letters of Appointment**". *When complete, mail to:*

**Probate Court Administration: 125 West Washington, Phoenix, Arizona 85003**

You must **also** mail a copy of the report to anyone else who has "appeared" in the case and fill out the Declaration of Mailing at the end of the report to show the names and addresses of all the people to whom you mailed the report and the date of mailing. Refer to the document "[Instructions: How to Fill out the Probate Court Annual Report of Guardian](#)" to make sure you have completed this report correctly and completely and that you have provided copies to all persons required by law.

**I am the Guardian and make these statements:**

**1. REPORTING PERIOD:** This annual report covers the period

FROM: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ TO: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Date Year Month Date Year

**2. Information about the Ward,** the protected or incapacitated person:

Ward's Name: \_\_\_\_\_

Ward's Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_

Ward's Address: \_\_\_\_\_

Ward's email: \_\_\_\_\_

**3. Living Situation:**

**A. Describe the residential situation where the Ward lives (private home, boarding home, nursing home, etc.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. Give the name of the facility, address, name and telephone number of the person in charge of the home or facility.**

Name of Person in Charge: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**C. PRIMARY WEEKDAY LOCATION:** Monday-Friday, 8:00 A.M. TO 5:00 P.M., that the Ward can usually be found at: (List full address below)

**4. PHYSICIANS:** Please list the name of the ward's primary physician, and any other medical specialists the ward has seen during the past year.

Doctor's Name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Doctor's Telephone Number: \_\_\_\_\_

Doctor's Email Address: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Doctor's Telephone Number: \_\_\_\_\_

Doctor's Email Address: \_\_\_\_\_

Specialist's Name: \_\_\_\_\_

Specialist's Address: \_\_\_\_\_

Specialist's Telephone: \_\_\_\_\_

Specialist's Email Address: \_\_\_\_\_

**5. Ward’s PHYSICAL and MENTAL HEALTH.**

**A. Date the Ward was last seen by a doctor:** \_\_\_\_\_

**B. Changes in Ward’s health. Have there been any major changes in the Ward’s physical and/or mental condition in the last year? If so, please describe the change.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Attach a copy of the doctor’s report about the Ward’s current physical and mental condition.**

**6. ABOUT the Ward’s GUARDIAN.**

Guardian’s Name: \_\_\_\_\_  
Guardian’s Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**7. GUARDIANSHIP STATUS.**

**A. Number of visits the Guardian has seen the Ward in the last 12 months:** \_\_\_\_\_

**B. Date of the last visit:** \_\_\_\_\_

**C. The Guardian’s opinion about whether the guardianship should continue: (Explain.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. ASSET MANAGEMENT:** Who is the person responsible for managing the Ward’s assets?

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**9. BENEFITS RECEIVED:** Does the ward receive any local, county, state, or federal agency benefits? (SSI, AHCCS, Medicaid, Food stamps) Please describe below:

AGENCY	CASEWORKER/CONTACT	TYPE OF BENEFIT

**10. SERVICES RECEIVED:** Does the ward receive any local, county, state, or federal agency services? If so, write in the name(s) of the agency, the contact name, and describe the services received by the ward.

AGENCY	CASEWORKER/CONTACT	TYPE OF SERVICE

**11. DECLARATION OF MAILING:** I state to the Court under penalty of perjury that I mailed this Annual Report of Guardian to the following people at the following address(es) on this Month/Day/Year:\_\_\_\_\_.







**UNDER PENALTY OF PERJURY:**

By signing below, I state to the Court that the contents of this *Annual Report of Guardian* are true and correct to the best of my knowledge and belief.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
PRINTED Name